

256759

# ***Sandlapper Trolleys***

P.O. Box 309 Frogmore, S.C. 29920  
843-986-6960

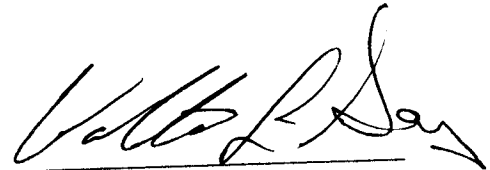
To: The South Carolina Public Service Commission  
Columbia, S.C.  
P.O. Drawer 11649 Columbia, S.c.29921

May 26, 2015

Reference: Request for reinstatement  
Docket number: 2002-236T

This letter is a request for reinstatement of the class C-charter bus certificate number 0144 of Sandlapper Trolleys in Beaufort South Carolina. When I went to pay my insurance in February and renew my policy I was informed by the clerk that my license had been suspended. Upon calling the Commission I was told that it had been suspended on November the 21st 2014. I informed the Commission that I had insurance in force at that time, and that being the case I was told to get in touch with a member of your staff named Kevin Causin at phone number 1-800-922-1531 concerning reinstatement. I called numerous times, but did not receive a call back. I plan on continuing my tour business and thus need to get this matter resolved as soon as possible. Finally reaching a very helpful lady in your department on May 26, 2015 she informed me that my certificate had been cancelled on August 24, 2014 for lack of insurance. I informed her that my insurance was in force. I called my insurance company, Insurance Services of the Lowcountry, my agent Doris Dillard at 843-522-2020 and she supplied me with the documents enclosed showing my coverage from February 2014 thru February 2015. They are prepared to issue the insurance policy as soon as we receive a reply. If you need any additional information please feel free to contact me at any time.

Thank you for you time and consideration,



Walter L. Gay  
Owner- Sandlapper Trolleys

**COMMON POLICY DECLARATIONS**  
**National Casualty Company**

CA00254143

Renewal of Number

Policy Number

CA07755815

Home Office:

Madison, Wisconsin

Administrative Office:

8877 North Gainey Center Drive o Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

**ITEM 1. Named Insured and Mailing Address**

WALTER GAY DBA SANDLAPPER TROLLEYS  
 230 FRIPP PT RD.  
 ST. HELENA ISLAND SC 29920

**Lowcountry Insurance Services**  
**800115**  
**Beaufort, SC**

**Agent Name and Address**

JOHNSON & JOHNSON MANAGERS INC  
 200 WINGO WAY STE 200  
 MT PLEASANT SC 29464

Agent No.:

39001

Program No.: NONE

**ITEM 2. Policy Period**

From: 02-17-2014

To: 02-17-2015

Term: 1 Year

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: TOUR GUIDE

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

**Coverage Part(s)**

**Premium Summary**

Commercial General Liability Coverage Part  
 Commercial Property Coverage Part  
 Commercial Crime And Fidelity Coverage Part  
 Commercial Inland Marine Coverage Part  
 Commercial Auto Coverage Part

\$ NOT COVERED  
 \$ NOT COVERED  
 \$ NOT COVERED  
 \$ NOT COVERED  
 \$ 5,287.00

Professional Liability Coverage Part

\$ NOT COVERED

This company has been approved by the  
 director or his designee of the South Carolina  
 Department of Insurance to write business in  
 his state as an eligible surplus lines insurer,  
 but it is not afforded guaranty fund protection

**Total Policy Premium**

\$ 5,287.00

**Policy Total**

\$ 5,287.00

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH  
 THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY,  
 COMPLETE THE ABOVE-NUMBERED POLICY.

# FORM F

## UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated on the reverse side hereof.
3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming a part of policy No.

CA07755815

issued by NATIONAL CASUALTY COMPANY, herein called

Company, of 8877 N. GAINES CENTER DRIVE, SCOTTSDALE, AZ 85258

to WALTER GAY DBA SAN of 230 FRIPP PT RD, ST. HELENA ISLAND, SC 29920

Dated at SCOTTSDALE, AZ this 18 day of FEBRUARY 20 14

Countersigned by

Authorized Representative

X = INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED					
ALABAMA		ILLINOIS		MONTANA	
ALASKA		INDIANA		NEBRASKA	X
ARIZONA		IOWA		NEVADA	
ARKANSAS		KANSAS		NEW HAMPSHIRE	
CALIFORNIA		KENTUCKY		NEW JERSEY	
COLORADO		LOUISIANA		NEW MEXICO	
CONNECTICUT		MAINE		NEW YORK	
DELAWARE		MARYLAND		NORTH CAROLINA	
DIST. OF COLUMBIA		MASSACHUSETTS		NORTH DAKOTA	
FLORIDA		MICHIGAN		OHIO	
GEORGIA		MINNESOTA		OKLAHOMA	
HAWAII		MISSISSIPPI		OREGON	
IDAHO		MISSOURI		PENNSYLVANIA	
				RHODE ISLAND	
				SOUTH CAROLINA	
				SOUTH DAKOTA	
				TENNESSEE	
				TEXAS	
				UTAH	
				VERMONT	
				VIRGINIA	
				WASHINGTON	
				WEST VIRGINIA	
				WISCONSIN	
				WYOMING	

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## SOUTH CAROLINA UNDERINSURED MOTORISTS COVERAGE

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, South Carolina, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:**

**Endorsement Effective Date:**

### SCHEDULE

**Limit Of Insurance:** 100000

**Each "Accident"**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

#### A. Coverage

1. We will pay in accordance with the South Carolina Underinsured Motorists Law all sums the "insured" is legally entitled to recover as damages from the owner or driver of an "underinsured motor vehicle". The damages must result from "bodily injury" sustained by an "insured" or "property damage" caused by an "accident". The owner's or driver's liability for these damages must arise out of the ownership, maintenance or use of the "underinsured motor vehicle".
2. We will pay under this coverage only after any liability bonds or policies have been exhausted by payment of judgments or settlements.

#### B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
  - a. The Named Insured and any "family members".

- b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.

- c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
  - a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.

- b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

- c. The Named Insured for "property damage" only.

- c. The Named Insured for "property damage" only.

# National Casualty Company

## SCHEDULE OF COVERED AUTOS YOU OWN (continued)

Policy No.: CAC7755815 Effective Date: 02-17-14  
12:01 A.M. Standard Time

Named Insured: WALTER GAY DBA SANDLAPPER Agent No.: 39001

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
SC1	\$ 5,114			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (VA Only) Premium	Income Loss Benefits (VA Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
SC1					\$ 88	\$ 85	\$ 5,287

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
SC1							

# National Casualty Company

## SCHEDULE OF COVERED AUTOS YOU OWN

Policy No.: CA07755815

Effective Date: 02-17-14  
12:01 A.M. Standard Time

Named Insured: WALTER GAY DBA SANDLAPPER

Agent No.: 39001

Covered Auto Number	Description		
	Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
SC1	1997	FORD ECONOLINE SERIES RV CUTAWAY 4X2	1FDLE40F8VHA14811

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
SC1	CHARLESTON, SC	160		

Covered Auto Number	Radius of Operation in Miles	Business Use S=Service R=Retail C=Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
SC1	100		12	6	555200

# National Casualty Company

## COMMERCIAL AUTO COVERAGE BUSINESS AUTO COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)

Policy No.: CA07755815 Effective Date: 02-17-14  
12:01 A.M. Standard Time  
Named Insured: WALTER GAY DBA SANDLAPPER Agent No.: 39001

### For Rental or Leasing Concerns:

**Gross Receipts** means the total amount earned by the named insured for the leasing or renting of "autos" to others without drivers.

**Mileage** means the total live and dead mileage of all "autos" leased or rented to others without drivers during the policy period.

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS AND THE FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE POLICY.

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# National Casualty Company

## COMMERCIAL AUTO COVERAGE BUSINESS AUTO COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)

Policy No.: CA07755815 Effective Date: 02-17-14  
 12:01 A.M. Standard Time  
 Named Insured: WALTER GAY DBA SANDLAPPER Agent No.: 39001

<b>Item 6. Schedule for Gross Receipts or Mileage Basis</b>		
<b>Address of Business Location:</b>		
<b>Type Of Risk (Check One) for each Location:</b>		
<input type="checkbox"/> Public Autos	<input type="checkbox"/> Leasing Or Rental Concerns	<input type="checkbox"/> Other
<b>Rating Basis (Check One) for each Location</b>		<b>Estimated Yearly (Gross Receipts Or Mileage)</b>
<input type="checkbox"/> Gross Receipts (Per \$100)	<input type="checkbox"/> Mileage (Per Mile)	
	<b>Rate</b>	<b>Premium</b>
Covered Autos Liability		
Personal Injury Protection		
Added Personal Injury Protection		
Property Protection Insurance (Michigan Only)		
Auto Medical Payments		
Medical Expense And Income Loss Benefits (Virginia Only)		
Uninsured Motorists (UM)		
Underinsured Motorists (UIM) (when not included in UM Coverage)		
Trailer Interchange		
Comprehensive		
Specified Causes Of Loss		
Collision		
Towing And Labor		
<b>Total Premium:</b>		
<b>Minimum Premium:</b>		

When used as a premium basis:

**For Public Autos:**

**Gross Receipts** means the total amount earned by the named insured for transporting passengers, mail and merchandise. Gross Receipts does not include:

1. Amounts paid to air, sea or land carriers operating under their own permits.
2. Advertising Revenue.
3. Taxes collected as a separate item and paid directly to the government.
4. C.O.D. collections for cost of mail or merchandise including collection fees.

**Mileage** means the total live and dead mileage of all revenue producing "autos" operated during the policy period.

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# National Casualty Company

## COMMERCIAL AUTO COVERAGE

### BUSINESS AUTO COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)

Policy No.: CAO7755815 Effective Date: 02-17-14  
12:01 A.M. Standard Time  
 Named Insured: WALTER GAY DBA SANDLAPPER Agent No.: 39001

Item 4. Schedule of Hired or Borrowed Covered Auto Coverage and Premiums (continued)			
Physical Damage Coverages—Cost of Hire Rating Basis for All "Autos" (Other than Mobile or Farm Equipment)			
Coverage	Limit of Insurance The Most We Will Pay Deductible	Estimated Annual Cost of Hire For Each State (Ex- cluding Autos Hired With A Driver)	Premium
Comprehensive	Actual cash value, cost of repair or , whichever is less, minus Deductible for each covered "auto."		
Specified Causes of Loss	Actual cash value, cost of repair or , whichever is less, minus Deductible for each covered "auto."		
Collision	Actual cash value, cost of repair or , whichever is less, minus Deductible for each covered "auto."		
Total Hired Auto Premium			N/A

For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.

Hired Or Borrowed Mobile and Farm Equipment  
 If this box is checked ☐, see Mobile and Farm Equipment Supplementary Schedule.

Item 5. Schedule for Non-ownership Liability			
Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Op- erations and Other Than Social Service Agencies	Number of Employees		
	Number of Partners (Active and Inactive)		
Garage Service Operations	Number of Employees Whose Principal Duty Involves the Operation of Autos		
	Number of Partners (Active and Inactive)		
Social Service Agencies	Number of Employees		
	Number of Volunteers Who Regularly Use Autos To Transport Clients		
	Number Of Partners (Active and Inactive)		
Total Non-ownership Covered Autos Liability Premium			NOT APPLICABLE

# National Casualty Company

## COMMERCIAL AUTO COVERAGE BUSINESS AUTO COVERAGE FORM SUPPLEMENTAL DECLARATIONS (continued)

Policy No.: CAC7755815

Effective Date: 02-17-14  
12:01 A.M. Standard Time

Named Insured: WALTER GAY DBA SANDLAPPER

Agent No.: 39001

### Item 3. Schedule of Covered Autos You Own

See Schedule of Covered Autos You Own.

### Item 4. Schedule of Hired or Borrowed Covered Auto Coverage and Premiums.

Covered Autos Liability Coverage—Cost of Hire Rating Basis for "Autos" NOT used in your Motor Carrier Operations (Other than Mobile Or Farm Equipment)

State	Estimated Annual Cost of Hire (Primary)	Rate Per Each \$100 Cost of Hire (Primary)	Estimated Annual Cost of Hire (Excess)	Rate Per Each \$100 Cost of Hire (Excess)	Premium
Total Hired Auto Premium					NOT APPLICABLE

For "autos" NOT used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Covered Autos Liability Coverage—Cost of Hire Rating Basis for "Autos" used in your Motor Carrier Operations (Other than Mobile or Farm Equipment)

State	Estimated Annual Cost of Hire (Primary)	Rate Per Each \$100 Cost of Hire (Primary)	Estimated Annual Cost of Hire (Excess)	Rate Per Each \$100 Cost of Hire (Excess)	Premium
Total Hired Auto Premium					

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein;
2. The total remunerations of all operators and drivers' helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party; and
3. The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured," paid to the lessor or owner, or paid to others.

# National Casualty Company

## COMMERCIAL AUTO COVERAGE

### BUSINESS AUTO COVERAGE FORM SUPPLEMENTAL DECLARATIONS

Policy No.: CAC7755815 Effective Date: 02-17-14  
12:01 A.M. Standard Time  
 Named Insured: WALTER GAY DBA SANDLAPPER Agent No.: 39001

**Item 1. Business Description: TOUR GUIDE**

Form of Business: ☐ Corporation ☐ Limited Liability Company ☒ Individual ☐ Partnership  
☐ Other:

Audit Period (If applicable): ☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

**Item 2. Schedule of Coverages and Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit The Most We Will Pay for Any One Accident or Loss	Premium
Covered Autos Liability	7	\$ 1,000,000	\$ 5,114
Personal Injury Protection (P.I.P.) (or equivalent No-fault coverage)		Separately stated in each P.I.P. endorsement, minus any Deductible shown therein or scheduled on form CA-117.	
Added P.I.P. (or equivalent added No-fault coverage)		Separately stated in each added P.I.P. endorsement.	
Property Protection Insurance (P.P.I.) (Michigan only)		Separately stated in the P.P.I. endorsement minus Deductible for each "accident."	
Auto Medical Payments		each insured	
Medical Expense And Income Loss Benefits (Virginia only)		Separately stated in Each Medical Expense And Income Loss Benefits Endorsement.	
Uninsured Motorists (UM)	7	Separately stated in each UM endorsement.	\$ 88
Underinsured Motorists (UIM) (when not included in UM Coverage)	7	Separately stated in each UIM endorsement.	\$ 85
Physical Damage Comprehensive Coverage		Actual cash value, cost of repair or stated amount, whichever is less, minus any applicable Deductible for each covered "auto." (See Item 4. for hired or borrowed "autos.")	
Physical Damage Specified Causes of Loss Coverage		See Schedule of Covered Autos You Own.	
Physical Damage Collision Coverage		See Item 4. for Hired or Borrowed Autos	
Physical Damage Towing and Labor		for each disablement of a private passenger "auto."	
Form(s) and endorsement(s) applying to this coverage form and made a part of this policy at the time of issue:  See Schedule of Forms and Endorsements.		Premium for Endorsements	
		Estimated Total Premium (This policy may be subject to final audit.)	\$ 5,287.00

## NOTICE OF CANCELLATION

POLICY NUMBER: CAO7755815

NAMED INSURED:

Walter Gay DBA Sandlapper Trolleys  
230 Fripp Pt Rd  
St Helena, Island, SC 29920

HOMEOWNER DWELLING FIRE  
WATERCRAFT  
X AUTO-CARGO  
GARAGE

CANCELLATION OR TERMINATION WILL  
TAKE EFFECT: 2/08/2015 AT 12:01 A.M.

LOSS PAYEE:

AGENT:

Lowcountry Insurance Services LLC  
Po Box 789  
Beaufort, SC 29901

REASON: NON-PAYMENT TO FINANCE COMPANY

### **CANCELLATION**

YOU ARE HEREBY NOTIFIED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ABOVE MENTIONED POLICY, AND IN ACCORDANCE WITH LAW, THAT YOUR INSURANCE WILL CEASE AT AND FROM THE HOUR AND DATE MENTIONED ABOVE.

YOU ARE HEREBY NOTIFIED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ABOVE MENTIONED POLICY THAT YOUR INSURANCE WILL CEASE AT AND FROM THE HOUR AND DATE MENTIONED ABOVE A BILL FOR THE PREMIUM EARNED TO THE TIME OF CANCELLATION WILL BE FORWARDED IN DUE COURSE.

### **NONRENEWAL**

YOU ARE HEREBY NOTIFIED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ABOVE MENTIONED POLICY THAT THE AOVE MENTIONED POLICY WILL EXPIRE EFFECTIVE AND FROM THE HOUR AND DATE MENTIONED ABOVE AND THE POLICY WILL NOT BE RENEWED.

**IMPORTANT NOTICE:** IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT (PUBLIC LAW 91-508) YOU ARE HEREBY INFORMED THAT THE ACTION TAKEN ABOVE IS BEING TAKEN WHOLLY OR PARTLY BECAUSE OF INFORMATION CONTAINED IN A CONSUMER REPORTING FROM THE FOLLOWING CONSUMER REPORTING AGENCY.

NAME AND ADDRESS

INSURANCE CO: NATIONAL CASUALTY INS CO  
C/O JOHNSON & JOHNSON  
PO BOX 899  
CHARLESTON, SC 29402

CERTIFICATE  
I HEREBY CERTIFY THAT I PERSONALLY MAILED IN THE U.S. POST OFFICE A NOTICE OF CANCELLATION OR NONRENEWAL TO THE INSURED AND, IF REQUIRED, TO THE LIENHOLDER, AN EXACT CARBON COPY OF WHICH APPEARS ABOVE AND AT SAID TIME RECEIVED FROM THE U.S. POSTAL SERVICE THE RECEIPT MADE A PART HEREOF OR ATTACHED HERETO.

DATE: 1/7/2015

  
AUTHORIZED REPRESENTATIVE

  
SIGNATURE

IL 10 02 (01/01)